

Women's Heart Health

In this chapter, readers will learn about heart health at Medicare age, including how to lead a heart-healthy lifestyle, what cardiovascular disease risk factors women should look out for, as well as what Medicare benefits and services are available for women to support their heart health in older age.

Why Women Should Care About Heart Health

Cardiovascular disease (CVD) is the leading cause of death for women in the United States, claiming more lives each year than all forms of cancer combined. By the time women reach their 60s and beyond, the risk increases significantly. According to the **American Heart Association**, 76.3% of women ages 60 to 79 have some form of CVD — and that number increases to 85.1% for those 80 and older.

Women also face a **20% greater chance** of developing heart failure or dying within five years after their first severe heart attack compared with men.

Despite its prevalence and severe effects, CVD is still thought of as a man's disease and is often overlooked in women's health discussions. Conversations with healthcare providers (HCPs), education about CVD, and access to screening and treatment are especially important for women. This becomes even more important after menopause because hormonal changes play a major role in increasing risk for CVD.



Key Heart Health Terms



Cardiovascular disease (CVD) – a range of conditions affecting the heart or blood vessels; includes heart disease, stroke, heart failure, and high blood pressure

Coronary artery disease – a form of heart disease that affects the blood vessels and leads to decreased blood flow to the heart

Heart disease – a form of cardiovascular disease specifically related to the heart's structure and function

Heart attack – a blockage of blood flow to the heart muscle causing damage to the heart

Heart failure – a condition that occurs when the heart isn't pumping as well as it should

Hypercholesterolemia (high cholesterol) – a condition in which people have high levels of low-density lipoproteins (or “bad” cholesterol) in the blood, which can increase the risk of a heart attack or stroke

Stroke – a loss of blood flow to the brain that occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts

Hypertension – a chronic condition that occurs when blood pressure is consistently too high, potentially leading to a heart attack or stroke

Heart Health at Medicare Age: What to Know

Risk Factors

Postmenopausal (defined as 12 months after a woman's final period) women face an elevated risk for heart disease due to the natural decline in estrogen, a hormone that has a protective effect on the heart. For some women, hormone therapy may reduce the risk of heart disease as women age. Several risk factors for heart disease can be reduced, prevented, or controlled through lifestyle changes. These include:

- High cholesterol
- High blood pressure (hypertension)
- Smoking
- Drinking alcohol
- Obesity (high body mass index)
- Inadequate sleep
- Lack of physical activity
- Diet high in saturated fats and sodium (salt)
- Other chronic health conditions (e.g., diabetes, kidney disease)

Some risk factors for CVD cannot be changed, such as age, family history, sex, race, and ethnicity.

When women know the risk factors for heart disease, they can make informed decisions, understand their personal risk, implement heart-healthy habits into their daily routines, and protect their heart health as they age.

Healthcare Providers

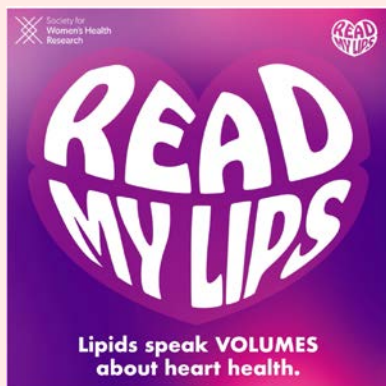
Several types of HCPs see patients for heart health concerns or conditions. Most often, people will see a primary care provider, who can assist with prevention, lifestyle management, and condition management for conditions such as high cholesterol and blood pressure. Other people may see a cardiologist, who can diagnose and treat problems related to the heart and blood vessels. Specialized cardiologists include cardiac imaging specialists, congenital heart specialists, cardiac rehabilitation specialists, heart surgeons, and more.

Coverage for visits with specialists, such as a cardiologist, may be dependent on whether the specialist participates in Medicare. Because of the impact of CVD on women's health, establishing coverage and confirming care networks before enrollment is critical.

Learn more about Medicare coverage for heart disease from the **National Council on Aging**.



Featured Finds!



Read My Lips

Society for Women's Health Research

Campaign that shares information on risk factors for heart disease and the role of cholesterol screening — and specifically lipid panel testing — for women's heart health.



WomenTalk: The Link Between Diabetes and Your Heart

HealthyWomen

Webinar explaining the link between heart disease, stroke, and diabetes, including what factors increase the risk of disease and how to lower that risk.

A Reminder: Healthcare Provider and Hospital Choice

Original Medicare	Medicare Advantage
You can visit any HCP or hospital in the United States that accepts Medicare.	In many cases, you can only visit HCPs and hospitals within the plan’s network.
In most cases, referrals are not needed to see a specialist.	A referral may be needed to see a specialist.

*Adapted from Medicare.gov.

Medicare Coverage for Heart Health

Medicare provides the following types of coverage that can help support heart health during older age:

- **Preventive Services:** Medicare Part B covers many preventive services, including health risk assessments and health screenings. These include:
 - **“Welcome to Medicare” Visit:** an initial, one-time visit that takes place within the first 12 months of enrolling in Medicare Part B
 - **Annual Wellness Visit:** available every 12 months after the first year on Medicare Part B

Note: Medicare does not cover routine physical exams. [Learn more about yearly wellness visits.](#)
- **Preventive Screenings:** Medicare covers free heart health-related preventive screenings. These include:
 - **Cardiovascular Behavioral Therapy.** This involves a yearly visit with a primary care provider to check blood pressure and discuss risk reduction strategies for cardiovascular disease.
 - **Cardiovascular Disease Screenings.** These tests are given every five years and check for “good” (high-density lipoproteins) and “bad” cholesterol (low-density lipoproteins) levels and triglycerides (a type of fat in the blood).
 - **Diabetes Screenings:** Up to two blood glucose (blood sugar) screenings for individuals at risk of developing diabetes are covered under Medicare Part B for those deemed at risk for developing diabetes. [Learn more about diabetes screenings.](#)

Note: Preventive screenings are covered based on certain conditions, such as various risk factors. Find a [full list of preventive and screening services covered by Medicare Part B.](#)

- **Chronic care management** is available for individuals with two or more serious chronic conditions, such as cardiovascular disease and diabetes. [Learn more about chronic care management.](#)
- **Principal illness navigation services** (navigation services that help guide patients through their medical condition or diagnosis or the healthcare system) may be covered for people with serious health conditions that are expected to last three months or longer and raise the risk of being hospitalized, needing nursing home care, getting worse, experiencing physical or mental decline, or dying. Learn more about principal illness navigation services.
- **Lifestyle Support:** Medicare Part B offers several resources related to lifestyle and nutrition that could be beneficial in an individual’s heart health journey, including:
 - Both regular and intensive **cardiac rehabilitation programs** in an HCP’s office or out-patient hospital setting. These medically supervised programs are designed to help individuals recover from heart problems and improve their overall cardiovascular health



Featured Find!

Know the Difference:
Cardiovascular Disease, Heart Disease, Coronary Heart Disease – National Heart, Lung, and Blood Institute

through exercise training, education, and counseling. These programs are covered if a person meets at least one of the following conditions (as listed on [Medicare.gov](https://www.medicare.gov)):

- Heart attack in the last 12 months
 - Coronary artery bypass surgery
 - Stable angina pectoris (chest pain)
 - Heart valve repair or replacement
 - Coronary angioplasty or a coronary stenting
 - Heart or lung transplant
 - Stable chronic heart failure
- A **cardiovascular risk assessment for those who have not been diagnosed with CVD and management services** if a person is deemed to be at risk by an HCP. Risk management services may include blood pressure management, cholesterol management, and assistance with quitting smoking. **Learn more about cardiovascular risk assessment and management services.**
 - Up to 10 hours of **diabetes self-management training** to help individuals manage their diabetes, with up to two hours of follow-up training each year after the initial training.
 - **Medical nutrition therapy** for certain conditions, including diabetes.
 - **Obesity screening and behavioral counseling** for those with a body mass index (BMI) of 30 or more and if the HCP will provide the counseling in a primary care setting. **Learn more about obesity behavioral therapy.**
 - Up to eight **smoking cessation counseling** sessions over a 12-month period to help people stop smoking or using tobacco. The sessions are fully covered if the HCP **accepts the assignment** (meaning the HCP accepts Medicare and agrees to the Medicare-approved payment for the service). **Learn more about smoking cessation counseling services.**

Heart Health Questions to Ask During Medicare Wellness Visits

These questions can be tailored to personal circumstances, medical history, and awareness of personal cardiovascular disease risk.

- Am I at risk for heart disease based on my age, health history, or lifestyle?
 - What changes should I incorporate into my lifestyle to make sure I'm caring for my heart health and preventing cardiovascular diseases as best I can?
 - Should I be screened for high blood pressure or high cholesterol?
 - If so, can we do that today? When should we check my blood pressure and cholesterol again?
 - How often should I be screened for cardiovascular disease?
 - Should I be taking any medications for my heart health?
 - Are any of my current medications affecting my heart health?
 - What should I be paying attention to when it comes to monitoring my heart health?
 - Will this imaging test be covered by Medicare, and do I need any prior approval or referrals for it?
- **Medication, Device, and Monitoring Coverage:** Medicare Part B will cover certain items if they are determined to be medically necessary and appropriate for treatment:
 - **Implantable cardioverter defibrillator**
 - **Pacemaker**
 - **Remote patient monitoring** for the collection of data for chronic and acute conditions, such as high blood pressure. **Learn more about remote patient monitoring.**

Taking Charge: My Heart Health Habit Tracker

Regardless of your stage of life, you can take steps now to support your heart health. This daily heart health habit tracker can help ensure you're taking steps from week to week to lead a heart healthy lifestyle.

- ☒ I ate a good variety of fruits and vegetables
- ☒ I chose whole grains (e.g., oats, brown rice) over processed foods
- ☒ My meals included healthy fats (e.g., olive oil, avocado, fatty fish, seeds)
- ☒ I limited salt and sugars
- ☒ I got at least 30 minutes of moderate physical activity
- ☒ I did not smoke
- ☒ I limited alcohol
- ☒ I got quality sleep
- ☒ I practiced stress management
- ☒ I followed my doctor's recommendations (e.g., taking medications, checking blood pressure)



Drug Plan Rules

Medicare Part D helps cover the cost of prescription medications, including brand-name and generic drugs. People who choose Original Medicare must be enrolled in either Medicare Part A and/or Medicare Part B to enroll in a Medicare Part D plan. Most Medicare Advantage plans include Part D coverage. Under most Medicare Advantage plans, people cannot join a separate Medicare drug plan.

Like private insurance companies, Medicare drug plans have rules about whether they cover certain drugs and how they cover them. Drugs may be evaluated for medical necessity, appropriateness, and efficiency of use. These rules include:

- **Prior Authorization:** A process requiring the review and approval of a specific drug before it is covered by insurance based on specific criteria
- **Step Therapy:** A policy that requires a patient to try and “fail” a lower-cost treatment before the treatment originally prescribed or recommended by an HCP can be covered
- **Quantity Limits:** Restrictions about the amount of drugs that can be covered over a certain period for cost and safety reasons



Featured Find!

Medicare Prescription Drug Plan Finder

People should check with their specific plan to learn their coverage rules and to determine whether their pharmacy is considered in-network or out-of-network. [Learn more about Medicare drug coverage.](#)

Note: When Medicare drug coverage begins, **beneficiaries** may receive a one-time, 30-day supply of the medication they’ve been taking — even if the drug isn’t covered by their new plan or requires prior authorization or step therapy — to aid in the transition to their new plan.

Heart Health and Medicare: What If ...?

PREVENTIVE CARE

Q: What if my HCP recommends a heart screening that Medicare doesn’t typically cover?

A: While Medicare covers some heart-related screenings, it doesn’t cover all of them. If your HCP recommends a service not covered by Medicare, ask them if there is an alternative test that would be covered or if the test is considered medically necessary.

Q: I haven’t had a heart health checkup appointment in years. What should I do?

A: The Annual Wellness Visit is a great opportunity to assess your heart health, discuss risk factors, and ask whether heart health screenings, like a blood pressure check, are due. Many of these tests are covered under Medicare.

MEDICATION COVERAGE

Q: What if my heart medication is not covered or stops being covered by my Medicare drug plan?

A: Part D drug plans’ **formularies** can change annually. You can ask your HCP whether there is an alternative drug that’s covered under your plan, request a formulary exception, or switch plans during open enrollment (October 15–December 7). Individuals with low income who are on the Extra Help program can change their drug coverage plan throughout the year.

Q: What if my pharmacy no longer carries my prescribed medication?

A: Look for a pharmacy that does carry your medication by contacting pharmacies in your area directly or contacting your insurer to help find one. There may also be mail-order options or other equivalent medications. Discuss these options with your HCP.

Q: What if I can't afford my heart medication?

A: If you can't afford your medication through a Part D plan, you may qualify for the Extra Help program, which helps cover the cost of deductibles and copays. **Learn more about the Extra Help program.** Switching to a generic version of medication or applying for a **pharmaceutical assistance program**, when available, may also help reduce out-of-pocket costs. **Learn more about pharmaceutical assistance programs.**

PROCEDURES

Q: What if I need a heart procedure, such as getting a pacemaker or stent?

A: These services are typically covered under Medicare, but the services must be determined to be medically necessary by an HCP and may vary based on whether the procedure is inpatient or outpatient. Always confirm whether your provider and hospital are Medicare-participating to ensure the services will be covered under Medicare.

FOLLOW-UP AND ONGOING CARE

Q: What if my specialist isn't in my Medicare Advantage plan's network?

A: You may need to get a referral, or you could face higher costs for seeing an out-of-network provider. During open enrollment, you can explore switching to a plan that includes your current specialists.

Q: Are the same services that I would get under Original Medicare covered under Medicare Advantage as well?

A: Medicare Advantage plans must cover all medically necessary services that are covered under Original Medicare. However, plans will use their own coverage criteria to determine medical necessity for certain services and may offer other benefits that are not covered under Original Medicare.

Q: What if I need cardiac rehabilitation after a heart event?

A: Medicare Part B covers cardiac rehabilitation programs if you've had certain heart conditions, like a heart attack. Ask your HCP for a referral and ensure the facility accepts Medicare.

Q: What if I have other conditions that complicate my heart health, like diabetes or kidney disease?

A: Coordinated care is key. Ask your HCP if you qualify for a personalized care plan or team-based services under Medicare that address multiple conditions together.

Q: Will Medicare help me manage my heart disease long-term?

A: Yes. Medicare may cover disease management visits and care coordination. Chronic care management (CCM) services may also be available if you have multiple chronic conditions.



Institutional and Long-Term Care for Heart Health: Covered or Not?

People who have a heart attack or other heart health problems will likely require a hospital stay and, while most people take two weeks to three months to recover from a heart attack, some may find themselves in need of long-term care or other services. Here are some coverage provisions related to care facilities and long-term care in Medicare.

Type: Home Health Care

Description: Services that can be provided within the home for an illness or injury

? Covered? Maybe. **Medicare Part A and/or Part B** cover eligible home health services if certain conditions are met, such as when a person is homebound and requires skilled services. Non-skilled services such as assisting with everyday care and needs is not covered. **Medicare Advantage plans** cover home health care, but the coverage may be different than under Original Medicare.

Type: Inpatient Hospital Care

Description: Medical care provided in a hospital or facility that involves the patient staying overnight or longer.

✓ Covered? Yes. **Medicare Part A** typically covers inpatient hospital care if: 1) the person is admitted after an HCP's order and 2) the hospital accepts Medicare. As of 2025, people pay \$0 for days 1–60 (after the Part A deductible has been met) and \$419 each day for days 61–90. Information about longer stays can be found on **Medicare.gov**. **Medicare Part B** typically pays for the HCPs' services at the hospital. It usually pays 80% of the Medicare-approved amount for those services.

Type: Inpatient Rehabilitation Facility

Description: Rehabilitation programs in rehab hospitals or rehab units in acute care hospitals.

✓ Covered? Yes. **Medicare Part A** covers medically necessary care received in an inpatient rehab facility if an HCP certifies the care. As of 2025, people pay \$0 for days 1–60 (after the Part A deductible has been met) and \$419 each day for days 61–90. Information about coverage for longer stays can be found on **Medicare.gov**. **Medicare Part B** covers HCPs' services while in the facility. **Medicare Advantage plans** may have different rehabilitation benefits and approvals, so people should review this information when selecting a Medicare plan.

Type: Long-Term Care

Description: A range of support services to help people live independently and safely

X Covered? No. Original Medicare, Medicare Advantage, and Medigap plans generally do not cover long-term care. Medicare Advantage may cover some supplemental healthcare benefits, such as meal delivery. If you qualify for dual eligibility, you may be able to get long-term care coverage through Medicaid. **Learn more about options for long-term care resources.**

Type: Nursing Homes

Description: Live-in facilities that provide medical care on a full-time, long-term basis

? Covered? Maybe. Original Medicare may cover skilled care at a nursing home or via home health care if the beneficiary meets certain conditions and requires short-term skilled care for an illness or injury. These conditions include:

- **Qualifying Hospital Stay:** The person must have been an inpatient in a hospital for at least three consecutive days. Certain skilled nursing facilities may also be able to bypass the three-day requirement through the **“skilled nursing facility three-day rule waiver.”** Patients should ask their social worker or **patient navigator** whether the stay will be covered by their plan.
- **Admission to a Skilled Nursing Facility (SNF):** The patient must enter the SNF within a specific time (generally 30 days) of leaving the hospital.
- **Medically Necessary Skilled Care:** Your HCP must certify that you need daily skilled care.
- **Medicare-Certified Facility:** The SNF must be Medicare-certified.

If all the above conditions are met, Medicare Part A will cover benefits that include a semi-private room, skilled nursing care, medications, medical supplies, and equipment, and more. Learn more about skilled nursing facility care.

Type: Outpatient Hospital Services

Description: Procedures and treatments that may be performed at a hospital but don't require an overnight stay (e.g., laboratory tests billed by the hospital, preventive and screening services, X-rays, and other radiology services billed by the hospital)

? Covered? Often. Medicare Part B covers several diagnostic and treatment services that are performed in hospitals that accept Medicare. Beneficiaries usually pay 20% of the Medicare-approved amount for the services and a copayment for each service received in a hospital outpatient setting, unless it's a preventive service that doesn't have a copayment.

Institutional and Long-Term Care Medicare.gov Resources

- Home Health Services
- Inpatient Hospital Care
- Inpatient Rehabilitation Facility
- Long-Term Care
- Medicare & Home Health Care
- Nursing Homes
- Outpatient Hospital Services
- Resources & Information for Patients and Caregivers

Peace of Mind: Preparing Financially for Long-Term Care

The Administration for Community Living says someone turning 65 today has almost a **70% chance** of needing long-term care services and supports in their remaining years. Generally, Medicare does not offer coverage for this care.

While you can't predict your future healthcare needs, you can plan ahead so you'll understand potential costs and will have done some financial planning if you do wind up needing these services.

Here are some resources that may be helpful in your financial planning journey:

- **How to Prepare for the Costs of Long-Term Care** – Merrill
- **Retirement Planning: Preparing for Long-Term Care** – Vanguard
- **How to Plan for the Cost of Long-Term Care** – Ameriprise Financial



Heart Health Resources and Support

American Heart Association: Provides information and resources to fight heart disease and stroke

American Stroke Association: A division of the American Heart Association that educates people about stroke prevention and treatment

HealthyWomen: Offers education on heart health for women across their lifespan

Local Senior Centers & Health Departments: May offer exercise programs, educational sessions, and access to resources that can support heart health

Medicaid.gov: Provides essential services to support heart health, particularly for low-income individuals

Medicare.gov: Offers details on coverage options for heart health screening and treatment

National Council on Aging (NCOA): Provides tools and resources, including on heart health, so people can age with health and economic well-being

Society for Women's Health Research: Offers resources on diseases, conditions, and life stages that uniquely, differently, or disproportionately affect women — including heart health — for patients, families, clinicians, and policymakers

State Health Insurance Assistance Programs: Provide free counseling to help navigate Medicare benefits

WomenHeart: Provides, among other resources, education, support and training to enable women to take charge of their heart health